



113

Supplemental Application Data Sheet**Application Information**

Application number:: 10/054,093
Filing Date:: January 22, 2002
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: N/A
CD-ROM or CD-R?:: None
Sequence submission?:: Paper
Computer Readable Form (CRF)?:: No
Title:: WEIGHT MANAGEMENT SYSTEM FOR ANIMALS
Attorney Docket Number:: HO-P02206US0
Request for Early Publication?:: No
Request for Non-Publication?:: No
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Linh M.
Family Name:: Bui
City of Residence:: Sylmar
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 12244 Via Santa Marta
City of mailing address:: Sylmar
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 91342

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Tiffany L.
Family Name:: Bierer
City of Residence:: Fullerton
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 2582 Associated Road, #9
City of mailing address:: Fullerton
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98235

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael J.
Family Name:: Wilson
City of Residence:: Rossmoor
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 11382 Drysdale Lane
City of mailing address:: Rossmoor
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 90720

Correspondence Information

Correspondence Customer Number:: 26,271
Phone number:: (713) 651-5383
Fax number:: (713) 651-5246
E-Mail address:: jksimpson@fulbright.com

Representative Information

Representative Customer Number:: 26,271

Assignee Information

Assignee name:: MARS, INCORPORATED
Street of mailing address:: Mars Incorporated
6885 Elm Street
City of mailing address:: McLean
State or Province of mailing address:: VA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 22101-3883